

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



January 16, 1985

ALL-COUNTY LETTER NO. 85-06

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CHILD/SPOUSAL SUPPORT DISREGARD INFORMATIONAL NOTICE

REFERENCE: ACIN I-111-84, FSD LETTER NO. 84-20

To facilitate your planning, attached are reproducible copies in English and Spanish of the informational notice to be used in conjunction with the \$50 child and spousal support disregard. The disregard provisions are the result of PL 98-369, the Federal Deficit Reduction Act of 1984 (DEFRA). State regulations are expected to be effective on January 18, 1985. When the regulations are effective, disregard payments must be made on all collections made since October 1, 1984.

The attached general notice has been approved through the Turner v. McMahon process and the language is mandatory. If a county has already developed language for this purpose, it must be replaced with the language provided. There are two formats provided to show how the informational notice will appear on a full page or on a computer card.

Instructions for use of the notice:

- 1) The notice must be sent no later than concurrently with each disregard payment. It may be sent with the warrant or separately.
- 2) The month for which the collection is considered current must be entered on the form. If more than one disregard is sent, all months for which current collections were made must be shown.
- 3) When computing the grant, if a disregard is applied to a support payment made directly to the recipient and a change in the grant amount results, the attached notice is not used. Rather, information about the disregard should be incorporated into the Notice of Action for the grant change. See the Notices of Action in ACL No. 84-107 which provided notices for the first set of DEFRA regulations.

2

Other notices for use with the second set of DEFRA regulations are currently being reviewed by Turner. They will be forwarded to you as soon as possible.

If you have any questions about the attached notice or the instructions, contact Doris Keller, AFDC Policy Implementation Bureau at (916) 322-5330 or ATSS 492-5330.



ROBERT A. MOREL
Deputy Director

Attachment

cc: CWDA

SUPPORT DISREGARD PAYMENT

Each month the County must pay you the first \$50 of the current support money collected for you from an absent parent. If the County collects less than \$50, you will get it all. If the County collects nothing, you will not get this payment.

You must report this payment on your monthly eligibility report (CA 7).

This payment won't lower your aid. It might lower the food stamps you get.

☐ You will soon receive a check for _____.
(MONTH)

☐ Enclosed is your check for _____.
(MONTH)

If you have any questions, please contact your worker.

DEDUCCIÓN POR PAGO DE SOSTENIMIENTO

Cada mes el condado debe pagar a usted los primeros \$50 dólares del dinero de sostenimiento que se cobra actualmente por usted del padre/madre ausente. Si el condado cobra menos de \$50 dólares usted recibirá toda la cantidad. Si el condado no cobra nada, usted no recibirá este pago.

Usted debe reportar este pago en su reporte mensual de elegibilidad (CA 7).

Este pago no reducirá su ayuda. Es posible que reduzca la cantidad de estampillas para comida que recibe.

☐ Pronto recibirá un cheque correspondiente a _____.
(MES)

☐ Adjunto encontrará su cheque correspondiente a _____.
(MES)

Si tiene alguna pregunta, por favor póngase en contacto con su trabajador(a).

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This format shows only one choice for when check will be sent.

When printing, the county may elect to use the appropriate line or check box (see full page format).